

OFFICE USE ONLY  
Team Name \_\_\_\_\_

OFFICE USE ONLY  
Date Paid \_\_\_\_\_  
Bib # \_\_\_\_\_

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# 2014 SEMINOLE NATION DAYS

## 5K AND 1 MILE FUN RUN/WALK

Friday, September 19, 2014

5k starts at 7PM, 1 mile fun run/walk starts at 7:05PM

## REGISTRATION FORM

5k Pre-Registration \$25

1 Mile Pre-Registration \$20

5k Race Day Registration \$30

1 Mile Race Day Registration \$25

Packet Pickup & race day registration will begin at 5pm on Friday, September 19, 2014 at the Diabetes Program, Mekuskey Mission

**RACE WILL BE ELECTRONICALLY TIMED BY DG PRODUCTIONS**

Name: *(please print)* \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age on Race Day \_\_\_\_\_

Event: Indv. 5k \_\_\_\_\_ Indv. 1 mi. Fun Run/Walk \_\_\_\_\_ 5k Team \_\_\_\_\_ Team Name \_\_\_\_\_

T-Shirt Sizes: Adult S \_\_\_\_\_ Adult M \_\_\_\_\_ Adult L \_\_\_\_\_ Adult XL \_\_\_\_\_ Adult XXL \_\_\_\_\_ Adult XXXL \_\_\_\_\_

**T-Shirts will be given to the first 100 registrants**

### Waiver and Release

I know that running a road race is potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that there will be a possibility of traffic on the course. I assume the risk of participants, the effects of the weather, including high temperatures and the conditions of the road, all such risks being known and appreciated by me. Furthermore, I agree to yield to all emergency vehicles. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive and release and discharge the Seminole Nation and its affiliates, their agents, employees, officers, directors, successors and assigns, volunteers, DG Productions, Inc., City of Seminole, any and all race sponsors, their representatives and successors, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known sponsors and/or agents authorized by them to sue any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. Applications for minors accepted only with parent or guardian's approval.

In signing this form, I do hereby release Seminole Nation, its sponsors and all persons connected to this race of all responsibility for any injuries or accident.

Participant's Signature (or guardian if under 18) \_\_\_\_\_

NAME OF EMERGENCY CONTACT: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

**Seminole Nation Diabetes Program, PO Box 1498, Wewoka OK 74884  
Tel 405-234-5274, Fax 405-234-5283**